

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2016

through

M M M / D D D / Y Y Y Y Y Y
04 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Robin Hillier

Signature of Treasurer

Ms. Robin Hillier

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 19 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
04		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
04		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y Y 2016</div>		<div>170806.91</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>181131.07</div>	
(c) Total Receipts (from Line 19)	<div>50391.33</div>	<div>268356.87</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>231522.40</div>	<div>439163.78</div>
7. Total Disbursements (from Line 31).....	<div>48864.53</div>	<div>256505.91</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>182657.87</div>	<div>182657.87</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	48541.16	254087.15
(ii) Unitemized	1850.17	8269.72
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	50391.33	262356.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	50391.33	267356.87
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ►	50391.33	268356.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	50391.33	268356.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	864.53	4313.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	864.53	4313.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48000.00	247000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	5192.37
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5192.37
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	48864.53	256505.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48864.53	256505.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	50391.33	267356.87
34. Total Contribution Refunds (from Line 28(d))	0.00	5192.37
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50391.33	262164.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	864.53	4313.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	864.53	4313.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Martin Allen

Mailing Address 333 N. Summit Street

City State Zip Code
 Toledo OH 43614

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : C3291548

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alan Anderson

Mailing Address 17 N. La Senda Drive

City State Zip Code
 Laguna Beach CA 92651

FEC ID number of contributing federal political committee.

C

Name of Employer

South Coast Healthcare Management

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : C3304941

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tonya Arnold

Mailing Address 1195 Puryears Bend Rd.

City State Zip Code
 Hartsville TN 37074

FEC ID number of contributing federal political committee.

C

Name of Employer

Quality Care

Occupation

Data Processing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : C3304860

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Biggs

Mailing Address 8 Justice Lane

City State Zip Code
 Anderson SC 29621

FEC ID number of contributing
federal political committee.

C

Name of Employer
HMR Veterans Services

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : C3301008

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Linda Black-Kurek

Mailing Address 4336 West Franklin St

City State Zip Code
 Bellbrook OH 45305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Liberty Health Care Corp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : C3301023

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Al Braswell

Mailing Address 3674 Pacific Ave.

City State Zip Code
 Riverside CA 92509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Pacifica

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : C3304898

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7708.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas Burr

Mailing Address 11851 Wilde Run Court

City State Zip Code
 Roswell GA 30075

FEC ID number of contributing federal political committee.

C

Name of Employer

Health Care Navigator LLC

Occupation

VP Finance, Reimb & Gov't Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 04 / 2016

Transaction ID : C3289426

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kenneth Daily

Mailing Address 3608 Bethany Ct.

City State Zip Code
 Dayton OH 45415

FEC ID number of contributing federal political committee.

C

Name of Employer

Elder Care Systems Group

Occupation

Long Term Care Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : C3304858

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laurence Daspit

Mailing Address 22 Sterling Dale Place

City State Zip Code
 The Woodlands TX 77382

FEC ID number of contributing federal political committee.

C

Name of Employer

Senior Care Centers

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : C3304865

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1125.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara J. Duffy

Mailing Address 2308 Walnut Ave SW

City State Zip Code
 Seattle WA 98116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lane Powell PC

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 02 / 2016

Transaction ID : C3289391

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John W. Dwyer

Mailing Address 206 Goodwood Gardens

City State Zip Code
 Baltimore MD 21210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americasbank Corp.

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 04 / 2016

Transaction ID : C3289836

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mitchell S. Elliott

Mailing Address 20220 Harney Street

City State Zip Code
 Elkhorn NE 68022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vetter Health Services

Occupation

Chief Development Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2016

Transaction ID : C3304847

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Gifford

Mailing Address 81 Kenyon Ave.

City

East Greenwich

State

RI

Zip Code

02818-2905

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Sr Vp, Quality & Regulatory Affairs

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : C3301013

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gerald Hamilton

Mailing Address 6000 Whiteman Dr NW

City

Albuquerque

State

NM

Zip Code

87120-2195

FEC ID number of contributing
federal political committee.

C

Name of Employer

R&G Healthcare Management

Occupation

Owner

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2016

Transaction ID : C3289427

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Genevieve Hillis

Mailing Address 6767 N Industrial Rd

City

Milwaukee

State

WI

Zip Code

53223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Direct Supply Inc.

Occupation

Government Relations Representative

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : C3301010

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

6250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Hillis

Mailing Address 6767 N Industrial Rd

City State Zip Code
Milwaukee WI 53223

FEC ID number of contributing federal political committee.

C

Name of Employer

Direct Supply Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : C3301009

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stacey Hord

Mailing Address 730 Dodge Lane

City State Zip Code
Gadsden AL 35904

FEC ID number of contributing federal political committee.

C

Name of Employer

SavaSeniorCare Consulting, LLC

Occupation

VP of Quality Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2016

Transaction ID : C3292158

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Karen Hyatt

Mailing Address 5102 Scenic Dr

City State Zip Code
Yakima WA 98908-2229

FEC ID number of contributing federal political committee.

C

Name of Employer

Hyatt Corporation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2016

Transaction ID : C3301012

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

6250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeanne C. Jaeckels

Mailing Address 12120 24th Street

City

Clear Lake

State

MN

Zip Code

55319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tealwood Senior Living

Occupation

Director of Development

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2016

Transaction ID : C3297445

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Johnson

Mailing Address 9403 Mill Brook Road

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

KY Assoc of Health Care Facilities

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : C3296804

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Howard Lipschutz

Mailing Address 1304 Laurel Oak Rd

City

Voorhees

State

NJ

Zip Code

08043-4310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Voorhees

Occupation

Principal

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : C3304859

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nicholas J. Lynn

Mailing Address 190 S. LaSalle Street
Suite 3700

City State Zip Code
Chicago IL 60603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duane Morris LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : C3304867

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marcus Naquin

Mailing Address 1702 South Elm Street

City State Zip Code
Hammond LA 70403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hammond Nursing Home

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2016

Transaction ID : C3303234

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kathleen A. Pajor

Mailing Address 618 Old Clinton Road

City State Zip Code
Westbrook CT 06498

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Visions, Inc dba Beechwood

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : C3301024

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clifton Porter

Mailing Address 3929 Azalea Court

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Health Care Association

Occupation
 SVP Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

849.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : C3304886

Amount of Each Receipt this Period

416.66

☐ Memo Item

* Payroll Deduction: \$208.33 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Denise T. Pozderac

Mailing Address 6750 Grafton Rd

City State Zip Code
 Valley City OH 44280-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Transitional Living Centers

Occupation
 Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : C3302560

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Greg Sarver

Mailing Address 115 Brook Dr.

City State Zip Code
 Crowley LA 70526

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amelia Manor Nursing Home

Occupation
 Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : C3304866

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1166.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Philip Scalo

Mailing Address 100 N. County Line Road

City State Zip Code
 Jackson NJ 08527-1264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bartley Healthcare

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : C3304899

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Scharfenberger

Mailing Address 7265 Kenwood Road
 # 300

City State Zip Code
 Cincinnati OH 45236-4414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nursing Care Management

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : C3304940

Amount of Each Receipt this Period

187.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Floyd Schlossberg

Mailing Address 4200 W Peterson Ave
 # 140

City State Zip Code
 Chicago IL 60646-6819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alden Management Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2016

Transaction ID : C3304896

Amount of Each Receipt this Period

1250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2687.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ina Schlossberg

Mailing Address 4200 W Peterson Ave
 # 140

City State Zip Code
 Chicago IL 60646-6819

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Alden Management, Inc.

Occupation
 Special Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2016

Transaction ID : C3304894

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jack Vetter

Mailing Address 20220 Harney Street

City State Zip Code
 Elkhorn NE 68022

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Vetter Health Services

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : C3304872

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael N. Williams

Mailing Address 16766 Willow Circle

City State Zip Code
 Santa Ana CA 92706

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ensign Services

Occupation
 Long Term Care Provider

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : C3304871

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 37

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. SSWL, LLC

Mailing Address DBA Bamboo Castle Consulting
2015 South Emerson St.

City State Zip Code
Denver CO 80210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / 05 / 2016

Transaction ID : C3289837

Amount of Each Receipt this Period

5000.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

B. Sarah C. Schumann

Mailing Address 2015 S. Emerson Street

City State Zip Code
Denver CO 80210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Brookside Inn

Vice President of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / 05 / 2016

Transaction ID : C3289838

Amount of Each Receipt this Period

5000.00

☒ Memo Item

*

Full Name (Last, First, Middle Initial)

c. QL Uptown Health Care Center LLC

Mailing Address 745 East 18th Avenue

City State Zip Code
Denver CO 80203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142.50

Date of Receipt

04 / 11 / 2016

Transaction ID : C3300976

Amount of Each Receipt this Period

142.50

☐ Memo Item

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5142.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jay Moskowitz

Mailing Address 12136 West Bayard Avenue
Suite 200

City State Zip Code
Lakewood CO 80228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Vivage

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2016

Transaction ID : C3300977

Amount of Each Receipt this Period

142.50

☒ Memo Item

*

Full Name (Last, First, Middle Initial)

B. QL Harmony Pointe Nursing Center LLC

Mailing Address 1655 Yarrow Street

City State Zip Code
Lakewood CO 80214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2016

Transaction ID : C3300978

Amount of Each Receipt this Period

142.50

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

C. Jay Moskowitz

Mailing Address 12136 West Bayard Avenue
Suite 200

City State Zip Code
Lakewood CO 80228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Vivage

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2016

Transaction ID : C3300979

Amount of Each Receipt this Period

142.50

☒ Memo Item

*

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. QL Allison Care Center LLC

Mailing Address 1660 Allison Street

City State Zip Code
 Lakewood CO 80214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016

Transaction ID : C3300980

Amount of Each Receipt this Period

142.50

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

B. Jay Moskowitz

Mailing Address 12136 West Bayard Avenue
 Suite 200

City State Zip Code
 Lakewood CO 80228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Vivage

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016

Transaction ID : C3300981

Amount of Each Receipt this Period

142.50

☒ Memo Item

*

Full Name (Last, First, Middle Initial)

C. Highline Rehabilitation & Care Community

Mailing Address 8060 E Iliff Ave

City State Zip Code
 Denver CO 80231-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016

Transaction ID : C3300982

Amount of Each Receipt this Period

142.50

☐ Memo Item

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. John D Brammeier

Mailing Address 32 Desert Willow Lane

City State Zip Code
 Littleton CO 80127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016

Transaction ID : C3300983

Amount of Each Receipt this Period

142.50

☒ Memo Item

*

Full Name (Last, First, Middle Initial)

B. QL Cambridge Care Center, LLC

Mailing Address 1685 Eaton St

City State Zip Code
 Lakewood CO 80214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016

Transaction ID : C3300984

Amount of Each Receipt this Period

142.50

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

c. John D Brammeier

Mailing Address 32 Desert Willow Lane

City State Zip Code
 Littleton CO 80127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016

Transaction ID : C3300985

Amount of Each Receipt this Period

142.50

☒ Memo Item

*

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eagle Ridge, LLC dba Eagle Ridge of Grand Valley

Mailing Address 2425 Teller Ave

City State Zip Code
 Grand Junction CO 81501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016

Transaction ID : C3300986

Amount of Each Receipt this Period

142.50

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

B. John D Brammeier

Mailing Address 32 Desert Willow Lane

City State Zip Code
 Littleton CO 80127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016

Transaction ID : C3300987

Amount of Each Receipt this Period

142.50

☒ Memo Item

*

Full Name (Last, First, Middle Initial)

C. Camellia Rehabilitation & Care Community

Mailing Address 500 Geneva Street

City State Zip Code
 Aurora CO 80010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016

Transaction ID : C3300988

Amount of Each Receipt this Period

142.50

☐ Memo Item

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jay Moskowitz

Mailing Address 12136 West Bayard Avenue
Suite 200

City State Zip Code
Lakewood CO 80228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Vivage

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 11 2016

Transaction ID : C3300989

Amount of Each Receipt this Period

142.50

☒ Memo Item

*

Full Name (Last, First, Middle Initial)

B. Fairacres Manor

Mailing Address 1700 18th Avenue

City State Zip Code
Greeley CO 80631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 11 2016

Transaction ID : C3300990

Amount of Each Receipt this Period

142.50

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

C. Jay Moskowitz

Mailing Address 12136 West Bayard Avenue
Suite 200

City State Zip Code
Lakewood CO 80228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Vivage

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 11 2016

Transaction ID : C3300991

Amount of Each Receipt this Period

142.50

☒ Memo Item

*

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

142.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cypress Care CommunitiesMailing Address 12136 W. Bayaud Ave.
Suite 200

City	State	Zip Code
Lakewood	CO	80228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : C3300994

Amount of Each Receipt this Period

855.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

B. John D Brammeier

Mailing Address 32 Desert Willow Lane

City	State	Zip Code
Littleton	CO	80127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : C3300995

Amount of Each Receipt this Period

855.00

☒ Memo Item

*

Full Name (Last, First, Middle Initial)

C. Aspen Care Community, LLC

Mailing Address 3105 W Arkansas Ave

City	State	Zip Code
Denver	CO	80219-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : C3300998

Amount of Each Receipt this Period

142.50

☐ Memo Item

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

997.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. John D Brammeier

Mailing Address 32 Desert Willow Lane

City State Zip Code
 Littleton CO 80127

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016

Transaction ID : C3300999

Amount of Each Receipt this Period

142.50

☒ Memo Item

*

Full Name (Last, First, Middle Initial)

B. Colorow

Mailing Address PO Box 710

City State Zip Code
 Olathe CO 81425

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016

Transaction ID : C3301000

Amount of Each Receipt this Period

142.50

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

C. Jay MoskowitzMailing Address 12136 West Bayard Avenue
Suite 200

City State Zip Code
 Lakewood CO 80228

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Vivage

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016

Transaction ID : C3301001

Amount of Each Receipt this Period

142.50

☒ Memo Item

*

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

142.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Holly Nursing Care Center

Mailing Address 320 N. 8th Street
PO Box 636

City State Zip Code
Holly CO 81047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2016

Transaction ID : C3301004

Amount of Each Receipt this Period

142.50

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

B. Jay Moskowitz

Mailing Address 12136 West Bayard Avenue
Suite 200

City State Zip Code
Lakewood CO 80228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Vivage

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2016

Transaction ID : C3301005

Amount of Each Receipt this Period

142.50

☒ Memo Item

*

Full Name (Last, First, Middle Initial)

C. Wheatridge Manor Care Center

Mailing Address 2920 Fenton Street

City State Zip Code
Wheat Ridge CO 80214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2016

Transaction ID : C3301006

Amount of Each Receipt this Period

142.50

☐ Memo Item

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

285.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jay Moskowitz

Mailing Address 12136 West Bayard Avenue
Suite 200

City State Zip Code
Lakewood CO 80228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Vivage

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 11 2016

Transaction ID : C3301007

Amount of Each Receipt this Period

142.50

☒ Memo Item

*

Full Name (Last, First, Middle Initial)

B. LAG Associates LP Managers

Mailing Address 8028 Ritchie Hwy
Ste 210

City State Zip Code
Pasadena MD 21122-1075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 22 2016

Transaction ID : C3304863

Amount of Each Receipt this Period

1250.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

C. Gary Attman

Mailing Address 8028 Ritchie Highway

City State Zip Code
Pasadena MD 21122-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

LAG Associates LP Managers

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 22 2016

Transaction ID : C3304864

Amount of Each Receipt this Period

1250.00

☒ Memo Item

*

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Millenium Health Systems LLC dba Nuvision Management

Mailing Address 5310 NW 33rd Ave
Ste 211

City State Zip Code
Fort Lauderdale FL 33309-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2016

Transaction ID : C3304892

Amount of Each Receipt this Period

639.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

B. Andrew S Weisman

Mailing Address 5310 NW 35th Ave
Ste 211

City State Zip Code
Fort Lauderdale FL 33309-6314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NuVision Management

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2016

Transaction ID : C3304893

Amount of Each Receipt this Period

639.00

☒ Memo Item

*

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

639.00

48541.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 37

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 05 / 2016
Transaction ID : D173361

Amount of Each Disbursement this Period

348.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T Merchant Services

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016
Transaction ID : D173362

Amount of Each Disbursement this Period

360.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&TMailing Address 1099 New York Ave NW
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2016
Transaction ID : D173363

Amount of Each Disbursement this Period

155.68

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

864.53

864.53

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUE HEN PAC

Mailing Address PO BOX 15293

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2016

Transaction ID : D172162

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bluegrass CommitteeMailing Address 400 N Capitol St NW
#585

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2016

Transaction ID : D172454

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brian Fitzpatrick for Congress

Mailing Address PO Box 939

City	State	Zip Code
Langhorne	PA	19047

Purpose of Disbursement
Contribution

Candidate Name

Brian Fitzpatrick

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 08

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2016

Transaction ID : D172161

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOE KENNEDY FOR CONGRESS

Mailing Address PO BOX 590464

City	State	Zip Code
Newton Center	MA	02459

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joseph P. Kennedy III

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MA District: 04

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : D172292

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Smucker for CongressMailing Address 548 Steel Way
PO Box 7066

City	State	Zip Code
Lancaster	PA	17604

Purpose of Disbursement
Contribution

Candidate Name

Lloyd K Smucker

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 16

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : D172285

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LOEBSACK FOR CONGRESS

Mailing Address PO Box 3013

City	State	Zip Code
Iowa City	IA	52244

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dave Loebsack

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IA District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : D172293

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7000.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee

Category/
Type

 Memo Item

Category/
Type

Memo Item

Category/
Type

 Memo Item

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ANDY BARR FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2016

Mailing Address PO BOX 2059

City	State	Zip Code
LEXINGTON	KY	40588

Transaction ID : D172578Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. G. Andy BarrCategory/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼☐ Memo Item

State: KY District: 06

Full Name (Last, First, Middle Initial)

B. ANDY HARRIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2016

Mailing Address PO BOX 1527

City	State	Zip Code
ANNAPOLIS	MD	21404

Transaction ID : D172452Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. ANDREW P HARRISCategory/
Type

1500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼☐ Memo Item

State: MD District: 01

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR BEN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Mailing Address PO BOX 31129

City	State	Zip Code
SANTA FE	NM	87594

Transaction ID : D172287Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Ben Ray LujanCategory/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼☐ Memo Item

State: NM District: 03

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement
Contribution

Candidate Name

Rep. S. Brett Guthrie

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2016

Transaction ID : D172460

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BUTTERFIELD FOR CONGRESS

Mailing Address PO Box 2571

City	State	Zip Code
Wilson	NC	27894

Purpose of Disbursement
Contribution

Candidate Name

G.K. Butterfield

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : D172288

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BUTTERFIELD FOR CONGRESS

Mailing Address PO Box 2571

City	State	Zip Code
Wilson	NC	27894

Purpose of Disbursement
Contribution

Candidate Name

G.K. Butterfield

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : D172289

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. HAL ROGERS FOR CONGRESS

Mailing Address P.O. BOX 1214

City SOMERSET	State KY	Zip Code 42502
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Harold RogersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2016

Transaction ID : D172458

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JIM RENACCI FOR CONGRESS

Mailing Address 150 Smokerise Drive

City Wadsworth	State OH	Zip Code 44281
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Purpose of Disbursement
Contribution

Candidate Name

Rep. James B. RenacciOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2016

Transaction ID : D172577

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. YARMUTH FOR CONGRESS

Mailing Address 1819 BROWNSBORO ROAD

City LOUISVILLE	State KY	Zip Code 40202
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Purpose of Disbursement
Contribution

Candidate Name

Rep. John YarmuthOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2016

Transaction ID : D172457

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. CASTOR FOR CONGRESS

Mailing Address 301 W. Platt Street #385

City Tampa	State FL	Zip Code 33606
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Kathy CastorOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : D172291

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KURT SCHRADER FOR CONGRESS

Mailing Address PO Box 3314

City Oregon City	State OR	Zip Code 97045
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Kurt SchraderOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : D172278

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAT MEEHAN FOR CONGRESS

Mailing Address 50 S. Providence Road

City Media	State PA	Zip Code 19063
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Patrick MeehanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2016

Transaction ID : D172575

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. HOYER FOR CONGRESS

Mailing Address 700 13th Street, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steny H. HoyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : D172286

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SUSAN BROOKS

Mailing Address 9425 N MERIDIAN STREET

City	State	Zip Code
INDIANAPOLIS	IN	46260

Purpose of Disbursement
Contribution

Candidate Name

Rep. Susan W. BrooksOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2016

Transaction ID : D172576

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BONAMICI FOR CONGRESS

Mailing Address 2236 SE 10TH AVE

City	State	Zip Code
PORTLAND	OR	97214

Purpose of Disbursement
Contribution

Candidate Name

Rep. Suzanne BonamiciOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2016

Transaction ID : D172456

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. TONY CARDENAS FOR CONGRESS

Mailing Address 249 E. OCEAN BLVD. SUITE 685

City	State	Zip Code
LONG BEACH	CA	90802

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tony Cardenas

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 29

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : D172290

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2500.00

48000.00
